

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
#04-020

2. STATE
Nevada

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 1, 2004

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a)(10)(A)(ii)(xv)
20CFR 416.976

7. FEDERAL BUDGET IMPACT:
a. FFY \$ None*
b. FFY \$ None*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6a, Page 12d
Supplement 8a to Attachment 2.6a, Page 1b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 2.6a, Page 12d
Supplement 8a to Attachment 2.6a, Page 1b

* Amending wording for existing regulations

10. SUBJECT OF AMENDMENT: Amend the maximum Gross Unearned Income standard to \$699., and demonstrate Nevada will use the same income and income deduction methodologies of the Supplemental Security Income (SSI) program for the Health Insurance for Work Advancement (HIWA) program, as well as more liberal income deduction methodologies than the SSI program.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Michael J. Willden

14. TITLE:
Director, DHR

15. DATE SUBMITTED: DEC 29 2004

16. RETURN TO:

John A. Liveratti, Chief
DHCFP/Medicaid
1100 East William Street, Suite 102
Carson City, NV. 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 29, 2004

18. DATE APPROVED:
March 8, 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2004

21. TYPED NAME:
Linda Minamoto

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:
Pat Daley for Linda Minamoto
22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 2.6a
Page 12d

1902(a)(10)(A)
(ii)(XV) of the Act

(ii) Working Individuals with Disabilities – Basic Coverage
Group - TWWIA

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

☐ The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

☒ The agency applies the following income and/or resource standard(s):

The agency applies the following income and or resource standard(s):

1. The maximum Gross Unearned Income standard is \$699.00.
2. The maximum Net Income standard is 250% of the Federal Poverty Level (FPL).
3. The resource standard is \$15,000.00 in non-excluded resources.

TN# 04-020 **P30**
Supersedes
TN# 04-010

Approval Date MAR - 8 2005

Effective Date: 10/01/04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Supplement 8a to Attachment 2.6a
Page 1b

The State follows the SSI rules. The agency uses income and income deduction methodologies of the SSI program as well as more liberal income deduction methodologies than the SSI Program.

The following are the more liberal income methodology deductions allowed by the agency:

1. Educational Expenses to Enhance Employability
2. Employment Related Interpreting Services Expenses

TN# 04-020
Supersedes
TN# 04-010

MAR - 8 2005
Approval Date Effective Date 10/01/04